

“NEW” PRIORITY POPULATION
Los Angeles County Department of Mental Health
2002

RELEVANT FACTORS

- DMH must increase provision of reimbursable services by approx \$17 Million (really \$33 M)
- DMH must focus provision of services to indigents who are in priority population
- County budget crisis
- State budget crisis

MYTHS

- LA DMH is the “safety net” for non-priority indigent population
- Front line staff are ethically obligated to provide MHS to any person who presents for a clinical assessment
- LA DMH is “safety net” for Medi-Cal beneficiaries
- State DMH will bail LA out

BRONZAN-MCCORQUODALE ACT (WIC 5600)

- “To the extent resources are available, public MH services...should be provided to priority target populations...”
- Adults/older adults “have a serious mental disorder” which is “severe in degree and persistent in duration.” This “interferes substantially with the primary activities of daily living...for a long or indefinite period of time.”
- “likely to be come so disabled as to require public assistance, services, or entitlements”
- Children and youth “under the age of 18” who are “seriously emotionally disturbed, ”have a DSM mental disorder that “results in behavior inappropriate” to age “according to developmental norms.”
- Impairment in at least two areas: self-care, school, family, or ability to function in the community, AND either occur:
 - is at risk of removal or has been removed
 - disorder and impairment has been for more than 6 mos. or likely to last 1 yr w/o treatment
- Child displays psychotic features, suicide risk or risk of violence due to disorder

NEW PRIORITY POPULATION

multi-dimensional definition

- Severe emotional/behavioral crisis
- At risk for out-of-home placement
- Certain diagnostic categories
- Severe functional impairment

SEVERE EMOTIONAL/BEHAVIORAL CRISES

applicable clinical states

- Acutely suicidal
- Acutely homicidal or at risk of becoming violent
- Acutely psychotic

AT RISK FOR OUT-OF-HOME PLACEMENT

- Individual child/youth repeatedly engages in behaviors that are dangerous to self/others and/or unlawful
- Environment of child/youth is problematic for evidence of physical or sexual abuse, substandard safety assurances, health risks, and compromised development

DIAGNOSTIC CATEGORIES

- Adults/older adults:
DSM-IV TR mental disorder of:
 - Psychotic disorder with requirement for medication
 - Major depressive disorder or bipolar (moderate or severe)
 - Severe anxiety disorder
- Children and youth:
 - Psychotic disorder with requirement for medication
 - Major depressive disorder or bipolar (moderate or severe)
 - Severe anxiety disorder
 - Severe ADHD, conduct disorder, or oppositional defiant disorder

SEVERE FUNCTIONAL IMPAIRMENT

- Adults/older adults (*SPAD*):
 - Severe in degree
 - *Persistent* (at least one year)
 - interferes with ADL's
 - likely to become "*Disabled*"
- Children and youth (*DIB2DSM*):
 - *developmentally inappropriate behavior*
 - impairment in at least *two* domains: self-care, school, family, community
 - more than six *months*

MEDICAL NECESSITY CRITERIA (MNC)

for Medi-Cal reimbursement for Specialty Mental Health Services (SMHS)

Beneficiary must meet following criteria:

- have an included dx
- as a result of diagnosis there is:
- significant functional impairment
- probability of significant deterioration
- probability of compromised child development
- Must meet each of the following intervention criteria:
 - treatment focus is on impairment, deterioration, or developmental condition
 - goal of treatment is to:
 - significantly diminish impairment or
 - prevent significant deterioration
 - support normal child development
 - condition is not responsive to physical care

Beneficiary shall receive SMHS for an included diagnosis even if an excluded diagnosis is also present.